

Please notify me when applications are being accepted for the position (job) of:

Please use exact City job title

BI-LINGUAL (English/Spanish) YES ____ NO ____

A SEPARATE NOTIFICATION IS REQUIRED FOR
EACH JOB TITLE IN WHICH YOU ARE INTERESTED.

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

DATE: _____

NOTE: This card will be retained for a
period not to exceed six months.

- This card will be returned to you when we are accepting applications for the job in which you are interested. An announcement and application will be enclosed with this card.
- Please read the announcement carefully. If you meet the qualifications for the job, bring or send your application to:
- Be sure your completed application reaches us before the last date to apply.
- For further information, call (860) 543-8590

DEPARTMENT OF PERSONNEL
550 MAIN STREET
HARTFORD, CONNECTICUT 06103

THE CITY OF HARTFORD
AN EQUAL OPPORTUNITY EMPLOYER